

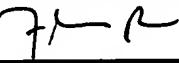
<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/091,372
		Filing Date	March 4, 2002
		First Named Inventor	Eric M. FERREIRA
		Art Unit	1621
		Examiner Name	Michael L. Shippen
		Attorney Docket Number	1950-0001
Mail Stop	Amendment		

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$510.00 <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Exhibits A and B <input type="checkbox"/> Affidavits/declaration(s) - _____ Affidavits/declaration(s) <input checked="" type="checkbox"/> 3-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ____ Sheets <input type="checkbox"/> Compact Disk(s) - ____ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s) (see remarks):									
<b>Claim Count</b> <table border="1"> <thead> <tr> <th></th> <th>Previously Paid Claim No.</th> <th>New Claim No.</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>35</td> <td>34</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>1</td> </tr> </tbody> </table>				Previously Paid Claim No.	New Claim No.	Total Claims	35	34	Independent Claims	1	1
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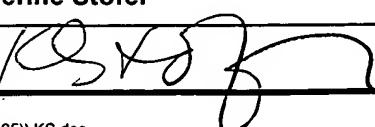
### REMARKS

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

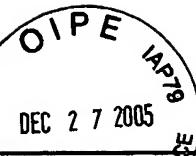
Firm or Individual Name (print/type)	Flavio M. Rose, Reg. No. 40,791 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature		Date	December 22, 2005

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Katherine Stofer		
Signature		Date	December 22, 2005

DEC 27 2005



# FEE TRANSMITTAL for FY 2005

Effective 10/01/03. Patent fees are subject to annual revision.

		Complete if Known	
Application Number	10/091,372		
Filing Date	March 4, 2002		
First Named Inventor	Eric M. FERREIRA		
Examiner Name	Michael L. Shippen		
Group Art Unit	1621		
Attorney Docket No.	1950-0001		

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$510.00

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <table border="1"> <tr><td>Deposit Account No.</td><td>18-0580</td></tr> <tr><td>Deposit Account Name</td><td>Reed IP Law Group</td></tr> </table>		Deposit Account No.	18-0580	Deposit Account Name	Reed IP Law Group	<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td>510.00</td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>1,100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td>1814</td><td>130</td><td>2814</td><td>65.00</td><td>Statutory Disclaimer</td><td></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td>SUBTOTAL (3)</td> <td>\$510.00</td> </tr> <tr> <td colspan="6">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6">SUBTOTAL (2) \$</td> </tr> <tr> <td colspan="6">**or number previously paid, if greater; 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791	Telephone	(650) 251-7700
Signature				Date	December 22, 2005